

3000 ROCKEFELLER AVENUE, M/S 305 | EVERETT, WA 98201 (425) 388-7200

Senior Center Projects
Senior Center Projects
Status Determination:
☐ Subrecipient ⊠ Contractor
EIN: 91-6001248
Identifier: 028786585
n: Deb Loughrey-Johnson
360-257-8780
ecifics: SCCO 15-081; RCW 82.14.460
& Title: N/A
Contact Phone Number:
425-388-6433
are incorporated herein by reference:
nan Services Department:
Procedure Attached as Exhibit I
· · · · · · · · · · · · · · · · · · ·
r giving precedence in the following order: (a) c Terms and Conditions, (d) other attachments
RED TO AS AGENCY), AND SNOHOMISH E AND AGREE TO THE TERMS OF THIS NING, THE CONTRACTOR IS CERTIFYING PARTICIPATING IN FEDERALLY FUNDED
MISH COUNTY:
ell Vujovic, Director (Date) Human Services
h mmy y RGGGGI

APPROVED AS TO FORM

JAMES D. ILES, City Attorney

City Clerk

EXHIBIT A

SPECIFIC TERMS AND CONDITIONS

SENIOR CENTER PROJECTS

I. DOCUMENTS INCORPORATED BY REFERENCE

In performing the services under this Contract, the Agency shall comply with the following documents incorporated by reference and maintained on file at the Division of Long Term Care and Aging (LTCA):

- A. LTCA Program Instructions;
- B. Multipurpose Senior Center Guidelines (hereinafter Guidelines), as now or hereafter amended, published by the Washington State Aging and Long-Term Support Administration; and
- C. Senior Center Standards and Self-Assessment Workbook: Guidelines for Practice, 1990 Edition, The National Council on the Aging, Inc.

II. REPORTING REQUIREMENTS

The Agency shall submit required reports on a format supplied or approved by LTCA. Overdue reports shall delay payment to the Agency until the next billing month.

Report Titles	<u>Due</u>
Quarterly Senior Center Participant and Volunteer Hours Tracking Report	Due 15th of the month following the reporting quarter.
Annual Survey Report	Due April 15, 2016.

- A. To be counted as a participant, a person must be a Snohomish County resident age 55 or older, who has signed in and participated in a face-to-face activity and for whom the Agency has a name, date of birth, and address.
- B. Quarterly Participant and Volunteer Hours Tracking Report shall include:
 - 1. Unduplicated count of participants by reporting quarter and year-to-date;
 - 2. The number of participants residing outside of the city in which the Agency is located, by reporting quarter and year-to-date; and

- 3. The number of volunteer hours by reporting quarter and year-to-date.
- C. Quarterly Program Evaluation Project Report
 - 1. Exhibit B, Scope of Work, Section II, Minimum Service Requirements, describes program evaluation projects.
 - 2. Quarterly reports shall be submitted on a form submitted by LTCA.

III. HOURS OF SERVICE

The Agency will be open and provide services during its normal business hours of 10:00 AM to 3:00 PM Monday through Friday.

IV. REIMBURSEMENT

- A. The request for reimbursement must be submitted on forms approved by LTCA. The monthly billing shall be based on allowable expenses and be accompanied by monthly expenditure reports showing line-item expenditures corresponding to the Approved Budget or amended Approved Budget Exhibit C.
- B. The Agency must submit final request for reimbursement for 2016 expenses no later than January 8, 2017. Billings received after January 8, 2017 for expenses incurred in 2016 may not be processed.

V. TRAINING REQUIREMENTS

The Agency shall establish a training plan for all employees performing services under this Contract. The plan shall provide for orientation of new employees and ongoing in-service training for continuing employees. The training must be provided by qualified persons and will include either formal training sessions or on-the-job training. The dates and topics of training received shall be documented in a central file or in the personnel files of all employees who have received the training.

VI. EMERGENCY PROCEDURES

The Agency must establish a written plan that describes procedures to be followed in the event a client becomes ill or is injured while at the Agency's Center or if staff is in the client's home. The plan must be thoroughly explained to staff and volunteers.

VII. CLIENT GRIEVANCE PROCEDURE

Written information regarding the Client Grievance Procedure shall be posted in a place readily visible to clients.

VIII. STAFF REQUIREMENTS

The Agency shall retain sufficient qualified staff (paid or volunteer) to perform the following services:

- A. Administration and staff supervision;
- B. Accounting;
- C. Clerical services; and
- D. Custodial services.

IX. NON DISCRIMINATION

In addition to the provisions contained in the Basic Terms and Conditions Agreement (referenced on the Contract face page) between the Agency and Snohomish County, the following term applies:

The Agency and any subcontracting party shall comply with the Washington State Regulations for Barrier-Free Facilities, WAC 51-50-005, as amended. The Agency and subagencies shall provide barrier-free access to and egress procedures from facilities, meeting places, and structures that will enable the use of all program services for the disabled community.

EXHIBIT B

STATEMENT OF WORK

SENIOR CENTER PROJECTS

I. SERVICE DEFINITION

The Agency shall operate, or provide for the operation of a Senior Center. A Senior Center is a community facility where Snohomish County residents age 55 and over meet, receive services and participate in activities that enhance their dignity and support their involvement in the life and affairs of the community.

II. MINIMUM SERVICE REQUIREMENTS

A. The Agency shall:

- Continue to provide a minimum of six (6) different services/programs. Service areas include, and are not limited to: social needs, intellectual needs cultural needs, economic needs, physical needs, personal growth, leadership potential, self-image improvement, intergenerational, and cooperative with other agencies.
- 2. Collect accurate participant data that supports successful completion of the Quarterly Participant and Volunteer Hours Tracking report. To be counted as a participant, a person must be a Snohomish County resident, age 55 or older, who has signed in and participated in a Agencysponsored face-to-face activity and for whom the Agency has a name, date of birth and address.
- 3. Comply with the Program Survey process including:
 - a. By January 30, 2016 provide in writing to LTCA staff, a list of programs/activities that are provided at the Center's facility and that closely align with the priorities of the 1/10 of 1% Chemical Dependency and Mental Health program requirements; and
 - b. Conduct a survey, provided by LTCA staff, of all participants of the programs/activities that are provided at the Center's facility on March 8, 2016.
- B. The Agency shall promptly forward all required reporting forms completed in prescribed detail and submitted on the dates set forth by the County. Overdue reports shall delay payment to the Agency until the next billing month.

- C. The Agency shall work with the County to establish protocols for data entry, data transfer and data sharing.
- D. The Agency shall send a representative to the Council on Aging Senior Center Committee.

III. MONITORING

The Agency will cooperate with LTCA as it conducts its assessment of senior center operations against the Senior Center Standards and County criteria for funding.

EXHIBIT C APPROVED CONTRACT BUDGET COST REIMBURSEMENT

PROGRAM TITLE: Senior Center Projects			
AGENCY: City of Everett (Carl Gipson Senior Cer	nter of Everett)		
ADDRESS: 2930 Wetmore Avenue, 10th Floor, Eve	erett, WA 98201		
CONTRACT PERIOD: 1/01/2016	ГО 12/31/2016		
REVENUE SOURCES: FUNDS AWARDED UNDER CONTRACT:			
REVENUE SOURCE		AMOUNT	
County General Revenue	- The contract of the contract	\$ 7,000	·
1/10 th of 1% Sales Tax		4,000	
One-time Additional Cont. 1/10 th of 1% Sale	es Tax	12,000	
TO	OTAL FUNDS AWARDED:	\$23,000	
NON-FEDERAL MATCHING RESOURCES:			
TOTAL NON-			
MATCH REQUIREMENTS FOR CONTRACT: PERC	CENTAGE: N/A	AMOUNT: N/A	
OTHER PROGRAM RESOURCES (Identify):			· · · · · · · · · · · · · · · · · · ·
SOURCE	PERIOD	AMOUNT	
	TOTAL OTHER RESOUR	CES	······

EXPENDITURES

BARS #	CATEGORY	FUND SOURCE: County General Revenue	FUND SOURCE: 1/10 th of 1% Sales Tax	FUND SOURCE: One-Time 1/10 th of 1% Sales Tax	MATCHING RESOURCES	TOTAL	OTHER RESOURCES
10	Salaries/Wages						
20	Benefits						
30	Operating Equipment		\$4,000.00	\$2,000.00		\$6,000.00	
41	Prof. Services	\$1,000.00				\$1,000.00	
42	Postage						
42	Telephone						
43	Mileage/Fares						
43	Meals						
43	Lodging						
44	Advertising						
45	Leases/Rentals						
46	Insurance				- 4-14-5-4-7F-9771-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
47	Utilities						
48	Repairs/Maint.	\$6,000.00				\$6,000.00	
49	Printing						
49	Dues/Subscript.						
49	Registr/Tuition						
64	Machinery/Equip			\$10,000.00		\$10,000.00	
			11.14.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4				
	TOTAL	\$ 7,000	\$4,000.00	\$12,000.00		23,000.00	

EXPENDITURE NARRATIVE

AMOUNT	TYPE OF EXPENDITURE: i.e. Salaries: 40% Program person, etc. Benefits: FICA, MEDICAL, etc. Communications: Postage, Telephone, etc.
\$6,000.00 \$1,000.00 \$6,000.00 \$10,000.00	Operating Equipment/ wiring, cable/ cameras Professional Services/ warranties and insurance on products Repairs and Maintenance installation and reuse any old equipment if possible Machinery and equipment/ hard drive, monitor, cameras
TOTAL \$23,000.00	

EXHIBIT I

MAJOR INCIDENT REPORTING POLICIES AND PROCEDURES SENIOR CENTER PROJECTS

I. POLICY

- A. Agencies must report major incidents to the appropriate County authorities within one (1) business day from when the Agency becomes aware of the incident. When personal safety is at stake, reporting should occur as soon as the safety of all persons is assured and all necessary emergency measures have been taken.
- B. Agencies must report suspected abuse, abandonment, neglect, self-neglect, exploitation, and financial exploitation of vulnerable adults or children to DSHS Adult Protective Services (APS) or Child Protective Services (CPS) per RCW 74.34 and RCW 26.44.
- C. Major incidents as outlined below must be reported directly to the County in addition to any other mandated reporting authorities. This refers specifically to County contracted services:
 - 1. Death, disappearance, or significant injury requiring hospital admission of a client when suspicious or unusual;
 - 2. Major disruption of an County contracted service;
 - 3. Any event involving known media interest or litigation;
 - 4. Any violent act to include rape or sexual assault, as defined in RCW 71.05.020 and RCW 9.94A.030, or any homicide or attempted homicide committed by a client or staff;
 - 5. Confidential data loss that would potentially compromise the security or privacy of confidential information held by the County or the Agency;
 - Any breach or loss of client data in accordance with HIPAA regulations; and
 - 7. Credible allegations of fraud committed against the Agency by staff or volunteers.
- D. If the County becomes aware of major incidents as described in Policy #C, which may not be known by the Agency, the County will report the incident to

the Agency's management within one (1) business day of when the County becomes aware of the incident.

- E. Major incidents as described in Policy #C must be reported by phone or email to the LTCA Supervisor or County Division Manager. The report must include the following:
 - 1. A description of the issue;
 - 2. Relevant background;
 - 3. Agency actions or recommendations; and
 - 4. Follow-up if needed to close out the issue.
- F. Each Agency must distribute the Major Incident Reporting Policies and Procedures to all of its employees.

II. PROCEDURES

- A. Agencies will establish a written policy on procedures to follow in reporting major incidents to the County, with clearly delineated chain of command.
- B. The Agency must report to one (1) of the following County staff by phone or email: LTCA Supervisor or County Division Manager. The report must include the following:
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- C. The Agency's staff must report suspected abuse, abandonment, neglect, self-neglect, exploitation, and financial exploitation of vulnerable adults or children to DSHS Adult Protective Services (APS) 1-866-221-4909 or Child Protective Services (CPS) 1-866-363-4276. If the person you suspect is being abused or neglected is living in a nursing home, assisted living facility, or adult family home call the Complaint Resolution hotline at 1-800-562-6078. Call immediately if you become aware or suspect abuse, abandonment, neglect, self-neglect, exploitation, and financial exploitation of vulnerable adults or children.

D	 If the County becomes aware of major incidents as described in Policy #C, which may not be known by the Agency, the County will report the incident to the Agency's management within one (1) business day of when the County becomes aware of the incident.

- 3. The number of volunteer hours by reporting quarter and year-to-date.
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REVENUE SOURCE		AMOUNT	
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1/10 th of 1% Sales Tax	***************************************	4,000	.
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	TOTAL FUNDS AWAR	DED: \$23,000	
NON-FEDERAL MATCHING RESOURCES:			
TOTA	L NON-FEDERAL RESOUR	CES:	
MATCH REQUIREMENTS FOR CONTRACT:	PERCENTAGE: N/A	AMOUNT: N/A	
OTHER PROGRAM RESOURCES (Identify):			
SOURCE	PERIOD	AMOUNT	
			<u> </u>
			No. Associate
	TOTAL OTUED DE	COLIDOES	

EXPENDITURES

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\$6,000.00 \$1,000.00 \$6,000.00 \$10,000.00 \$10,000.00 Solve and insurance on products and insurance on products and insurance on products and insurance any old equipment if possible Machinery and equipment/ hard drive, monitor, cameras				
OTAL 23,000.00				

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the Agency's management within one (1) business day of when the County becomes aware of the incident.

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